



Janice K. Brewer  
Governor

## State Of Arizona Board of Podiatry Examiners

"Protecting the Public's Health"

1400 W. Washington, Ste. 230, Phoenix, AZ 85007; (602) 542-3095; Fax: 542-3093

Barry Kaplan, DPM; Joseph Leonetti, DPM; Barbara Campbell, DPM;  
M. Elizabeth Miles, Public Member; John Rhodes, Public Member; Sarah Penttinen, Executive Director

### **BOARD MEETING MINUTES**

August 14, 2013; 8:30 a.m.  
1400 West Washington St., B1  
Phoenix, AZ 85007

Board Members: Joseph Leonetti, D.P.M, President  
Barry Kaplan, D.P.M., Member  
Barbara Campbell, D.P.M., Member  
M. Elizabeth Miles, Secretary-Treasurer  
John Rhodes, Public Member

Staff: Sarah Penttinen, Executive Director

Assistant Attorney General: John Tellier

#### **I. Call to Order**

Dr. Leonetti called the meeting to order at 8:34 a.m.

#### **II. Roll Call**

Dr. Campbell was present by teleconference. All other Board members were present in the meeting room as well as Ms. Penttinen and Mr. Tellier.

#### **III. Approval of Minutes**

##### **a. July 10, 2013 Regular Session Minutes.**

MOTION: Dr. Kaplan moved to approve the minutes. Ms. Miles seconded the motion.

DISCUSSION: There was no discussion on the motion.

VOTE: The motion passed unanimously by voice vote.

##### **b. July 10, 2013 Executive Session Minutes.**

MOTION: Dr. Kaplan moved to approve the minutes. Ms. Miles seconded the motion.

DISCUSSION: There was no discussion on the motion.

VOTE: The motion passed unanimously by voice vote.

#### **IV. Review, Discussion and Possible Action –Review of Complaints**

##### **a. 11-23-M – Serrina Yozsa, DPM: Practice below the standard of care for improper surgery.**

Dr. Polakof was the investigator for this case and was present to answer any questions. This case was reviewed last month and the allegation of improper surgery was believed to be unsubstantiated. However, the Board members had wanted to see the treatment records of Dr. Dellon who saw the patient after Dr. Yozsa. Dr. Yozsa was present and addressed the Board. She stated she performed surgical correction of a tear in the peroneal tendon. The patient was non-compliance in the post-operative period and soon left Dr. Yozsa's care to see Dr. Dellon. The patient then had complaints of pain in the foot and upper leg for which Dr. Dellon performed surgery and the patient is now reportedly pain free. Dr. Yozsa confirmed for Dr. Leonetti that the patient did not have any foot or upper leg pain at the time she was treating the patient. Dr. Leonetti stated that on his review of the records from Dr. Dellon it does not appear that the pain he treated her for had any relation to the surgery done by Dr. Yozsa. Dr. Kaplan stated he agreed and did not find any mention in the records of a damaged sural nerve as the patient alleged.

MOTION: Dr. Leonetti moved to dismiss the case finding no violations. Mr. Rhodes seconded the motion.

**DISCUSSION:** Ms Miles recalled that in the Board's previous review of this case there were significant concerns regarding charting errors in Dr. Yozsa's office visit notes. She noted there were numerous inconsistencies including what appeared to be boiler-plate type notes from one visit to the next. She suggested that a Letter of Concern be issued for these reasons. She added that there appeared to be a copy-and-paste style in the notes such as the patient having the exact same blood pressure on four separate occasions. Dr. Kaplan agreed with those concerns. Dr. Leonetti stated he feels this is going to become a more prominent issue because of the emergence of electronic medical records and how those software programs are designed. He added that doctors must try to be as accurate as possible but it is very difficult given the software that is available.

In continued discussion on the motion, Dr. Campbell noted that Dr. Yozsa had mentioned in her notes using a Vacutherm but she did not see any orders for that. Dr. Yozsa said she would have to check her notes for this specific patient but it is likely she did order it because she uses a Vacutherm and DVT prophylaxis on almost every case. Mr. Rhodes suggested that a notification could be sent to all podiatrists regarding accurate charting. Dr. Leonetti clarified that a decision must first be made on this specific case. Ms. Miles stated she did not believe the Board should have to remind doctors that records need to be accurate; occasional mistakes can happen but they were pervasive in this case. Dr. Yozsa stated that she has since updated her software to address these issues. Ms. Miles agreed that was important but does not change the details of this case. Dr. Leonetti stated he would like to withdraw his motion.

**MOTION:** Ms. Miles moved to dismiss the allegation regarding the standard of care but to issue a Letter of Concern regarding the accuracy of the records in this patient's chart. Dr. Kaplan seconded the motion.

**DISCUSSION:** There was no further discussion.

**VOTE:** The motion passed unanimously by voice vote.

**b. 11-44-M – Stanton Cohen, DPM: Practice below the standard of care for improper surgical correction of a ruptured tendon.**

Dr. Dedrie Polakof was the investigator for this case and was present. She provided the following summary: Patient P.M. had surgery by Dr. Cohen in August 2010 which involved a calcaneal osteotomy times two, flexor tendon repair and gastroc resection. The patient later underwent additional surgery to remove the hardware that had been placed during the first procedure and at last check is doing well. The allegation in this case was improper surgical correction of a tendon rupture. His concern was that during the post-operative period the patient was seen in the emergency room due to drainage and tenderness at the surgical site. A culture was taken and antibiotics were given and the patient was referred back to Dr. Cohen. Dr. Polakof stated she would have ordered a bone scan for this patient. However, she realizes that this case occurred in Yuma and there may not be as many diagnostic resources as there are in the Phoenix area. She also stated that insurance coverage for a bone scan may have been an issue. Dr. Polakof confirmed for Dr. Kaplan that the patient did eventually heal but it took a very long time. Given the patient's symptoms she would have ordered some sort of additional diagnostic exam, perhaps a nuclear study, to determine the cause of those symptoms.

Ms. Miles acknowledged that there can be a great variance in the medical care that is available throughout the state and asked if a bone scan would be considered the minimum standard of care in a case like this or if it would be more of the "Cadillac version" of treatment. Dr. Kaplan stated that if the case were worse then a bone scan would be appropriate but for this patient it would have been the "Cadillac." Dr. Polakof explained that the reason for her concern was that the surgery was done in August 2010. In December the patient still had pain and swelling which is when she visited the ER. Eventually all of the original hardware was removed but the pain and swelling continued through May 2011. Wound cultures and antibiotics were done intermittently and she would have focused more on what was causing the continued symptoms.

Dr. Cohen then addressed the Board. He said he did see the patient when she was in the ER and thought her symptoms were consistent with a superficial infection. A culture was taken and came back

as superficial flora. She was given antibiotics and x-rays were not consistent with osteomyelitis. Dr. Cohen explained that the original surgery was an opening wedge osteotomy using Hydrocet bone matrix. The patient had drainage throughout the post-operative course which was not infectious. He feels a bone scan would not have been accurate because there was a healing open osteotomy. He did consider it and it was available in Yuma, but at that time there was a national shortage of the nuclear medicine scanning medium used in that scan. He said he also considered other diagnostic studies and the costs of those in consideration of the patient's status. When the hardware was removed he examined the area and determined that the swelling and drainage was due to healing bone and not infection. Mr. Crawford added that there was never any evidence at any time that the patient had developed osteomyelitis. Dr. Cohen clarified for Dr. Leonetti that he also considered a leukocyte scan but did not feel it was necessary based on the patient's signs and symptoms.

Dr. Leonetti asked about the extensive healing period for this patient. Dr. Cohen stated that with large osteotomies it is not unusual to have an extended healing time. The patient also was recovering from a tendon repair and gastroc resection. He thought the symptoms may have been caused by the hardware and once he removed the first plate the pain in that area was resolved. Dr. Farrell believed some of the additional pain was due to calcaneal screws and those were eventually removed as well. Mr. Crawford added that one of the allegations of the malpractice case was that the patient developed CRPS. However, the patient was evaluated by two other physicians and that diagnosis was never made. The patient also claimed development of RSD which also was never diagnosed. Dr. Leonetti asked about any allergies the patient had to latex or to the hardware used. Dr. Cohen stated when he first saw the patient she was asked to list all allergies and did not include latex. However, she did add it to her allergies later during the post-operative period. He also stated that what the patient believed was a reaction to the hardware was actually the calcaneal plates rubbing against her skin but those types of plates are usually intended to be temporary and the symptoms resolved once the plates were removed.

Dr. Campbell asked if Dr. Cohen had been concerned about Hangar removing the patient's dressings when they fit her for her boot and if that could have affected the healing. Dr. Cohen stated it was possible and he did not know why they removed it. There was a period of a few days, less than one week, during which time there was no dressing between the foot at the boot. Dr. Campbell also asked about the use of orthotics for this patient. Dr. Cohen explained that he considered that but the patient declined several times because they were not covered by her insurance. He added that he felt orthotics were so important that he eventually provided them to her at his own expense. Dr. Campbell also asked about a potential language barrier being a problem with the patient's non-compliance in the post-operative period because she had noted that there were many documents in the chart that were in both Spanish and English. Dr. Cohen stated that all of his office staff is bilingual and he has trained them extensively regarding what information needs to be communicated to Spanish-only patients. He added that this patient's husband spoke English and was present on most if not all office visits. Dr. Leonetti stated that he agrees this type of procedure can take a long time to heal and complications are not unusual. He feels Dr. Cohen's treatment of the patient was appropriate and he does not find any violations.

**MOTION:** Dr. Kaplan moved to dismiss this case finding no violations. Mr. Rhodes seconded the motion.

**DISCUSSION:** There was no discussion on the motion.

**VOTE:** The motion passed unanimously by voice vote.

Agenda items IV(c)(d)(e)&(f) were reviewed individually and each was tabled prior to Board action until each of the four cases had been discussed. After review of all four cases there was brief general discussion and Board motions as detailed below.

**MOTION:** Dr. Leonetti moved to go into Executive Session for the purpose of obtaining legal advice. Mr. Rhodes seconded the motion.

**DISCUSSION:** There was no discussion on the motion.

**VOTE:** The motion passed unanimously by voice vote and the Board adjourned into Executive Session at 9:18 AM.

The Board returned to Regular Session at 9:32 AM.

**c. 13-12-B – Rajesh Daulat, DPM: Fee splitting.**

Dr. Daulat was not present. Ms. Penttinen summarized the issue which is podiatrists' use of social media advertising such as Groupon and Living Social. Both of those companies use a voucher-based system which is not dependent on any particular minimum or maximum of purchases. For each voucher purchase of the service being offered by the podiatrist, the company retains a flat fee and sends the remainder of the fee to the doctor. Ms. Penttinen clarified for Dr. Kaplan that the specific dollar amount may vary depending on the service being purchased or the company's merchant agreement with an individual doctor. However, the fee/payment structure is always a flat fee per voucher purchased. Dr. Campbell asked whether these types of vouchers are being offered only for medical services which are not covered by insurance. The other Board members did not know. There were no other questions. Dr. Leonetti suggested tabling this matter pending review of the remaining cases. The other Board members agreed.

**d. 13-13-B – Spencer Niemann, DPM: Fee splitting.**

Dr. Niemann was present with attorney Bruce Crawford. Mr. Crawford addressed the Board and stated that traditionally the term fee splitting has meant that there was a referral from one healthcare provider to another with a payment or kick-back then being sent back to the referring provider. However, now there is social media advertising which is very effective and popular for healthcare providers. He believes it is the same as other types of advertising such as billboards, which is permitted, but does not believe it meets the traditional criteria for fee splitting. He stated there will be significant ramifications if podiatrists are not allowed to use these types of social media advertising.

Dr. Campbell asked Mr. Crawford if he knew whether or not the services being offered through these voucher programs are covered by insurance. Mr. Crawford stated he did not know for certain but added that there is nothing which requires a patient to use their insurance for a particular medical service if they can get a better deal using the Groupon and Living Social deals. Mr. Rhodes stated he thinks billboard ads or phone book ads are different and he believes this type of social media advertising is fee splitting. Mr. Crawford stated it is simply an advertising fee that is being applied in a different fashion than prior forms of advertising. Dr. Campbell asked if there has been any formal opinion or statement about this issue from any national medical organizations such as the APMA. Dr. Leonetti stated the APMA has not formalized an opinion, but the issue will vary from one state to the next depending on the laws of each state. Mr. Crawford added one last comment that there is no definition in statute or rule for the term fee splitting. There were no further questions.

**e. 13-14-B – Arthur Seidner, DPM: Fee splitting.**

Dr. Seidner was present and addressed the Board. He stated he agreed with Mr. Crawford's comments and opinion regarding the traditional view of fee splitting. However, this is a new era and new forms of advertising have arisen. In discussion with Dr. Kaplan, Dr. Seidner explained that in his specific contract with Groupon, the company retains 45 percent of each voucher purchased plus 25 percent in case of refunds. The remaining revenue is sent to him on a scheduled basis. He sometimes receives payment from Groupon before the patient is seen depending on when the patient calls to schedule their appointment. If the patient never comes in he still retains the payment but the patient would then have a credit in the amount of the voucher which can be applied to the same or other services. Dr. Seidner also clarified for Dr. Kaplan that the patient's are advised that the success rate, in this case for laser treatment of fungal toenail infections, is not 100 percent. The patients also are advised that the laser treatment is for "clearing" of the nail, not "curing" of the nail. There were no other questions for Dr. Seidner.

**f. 13-15-B – Bruce Werber, DPM: Fee splitting.**

Dr. Werber was present with attorney Charles Hover. Mr. Hover addressed the Board referring to the written response he submitted on Dr. Werber's behalf and stated he agrees with the comments and opinions offered by Mr. Crawford. He stated the intent of prohibiting fee splitting was to assure that referrals between healthcare providers were appropriate and that the patients were being protected from unnecessary referrals which involved kick-backs to the referring provider. Mr. Hover stated (social media advertising) is a new way of advertising which was not anticipated when the laws were written and he understands there has been a great deal of disagreement among healthcare professionals and their Boards in various states. He suggested there be a review of statutes and particularly rules to open

discussion where public and professional input and opinions can be taken into account. The Board members did not have any questions for Mr. Hover.

In general discussion of all four cases, Dr. Kaplan stated that this issue started with an opinion from the Atty. Gen.'s office in the state of New York stating that this type of advertising was fee splitting. That prompted the discussion in Arizona because fee splitting is banned here. The names of these four physicians came up but the board is aware that there are other podiatrists were using similar advertising. Dr. Leonetti stated that it is always been his opinion that fee splitting is when there is payment between any third party. He understands there are new types of advertising and the board needs to progress with some of those changes, but the statutes and rules that are in place right now must be followed. Dr. Leonetti added that there is quite a bit of variance among different professionals in different states. He feels this board must follow the laws that are currently in place in this state. He added that he agrees with Dr. Kaplan that flat fee advertising regardless of the outcome is acceptable, but the per patient or per purchase payment structure does not meet that criteria. Mr. Rhodes stated that this type of advertising is simply a creative way to circumvent the law. He added if the legislature wants to change the law then so be it. Dr. Kaplan agreed and stated that this could be addressed in a rules change or with new legislation. Dr. Kaplan also agreed and added that he remains concerned that the podiatrist receives payment even if they never see the patient. Ms. Miles stated this can be a very difficult issue that she does not believe that prohibiting this type of social media advertising would prohibit all Internet-based advertising such as banner ads and websites such as Facebook. She stated she appreciates the information provided by all of the parties but does not see fee splitting as being only an arrangement between healthcare professionals. Ms. Miles also stated that given the language of "any guise whatsoever," if the board decides this is fee splitting she wonders if a substantive policy statement would be appropriate to specify the board's interpretation that this type of activity is included in the definition of fee splitting. She clarified that this would be for any type of future advertising contracts and not retroactive to podiatrist who engage in this type of advertising in the past. Dr. Leonetti stated he agreed but that the first thing the board needed to do is officially decide if this is fee splitting and then decide how to proceed from there.

Dr. Leonetti stated that he would be in favor of dismissing the four cases that are before the board today because at the time that these podiatrists entered into these type of advertising contracts they did not know that they were doing anything wrong or realized that it could be considered fee splitting. He asked Mr. Tellier if there was any opinion he could offer. Mr. Tellier stated that there is no formal opinion of the Arizona Atty. Gen.'s office but in general any sort of payment that is shared with any third party for the procurement of services can be constituting fee splitting and it does not have to be strictly from one healthcare professional to another. He added that the language of "any guise whatsoever" is extremely broad which leads him to believe that the legislature intended to prohibit fee splitting and any form at all. He added that there is concern that payment goes to the third party first to purchase medical services to be provided therefore the payment becomes a professional fee or medical fee. Mr. Tellier also added that in April of this year the Arizona State Bar issued a decision indicating that attorneys who use social media advertising such as what is been discussed today does constitute fee splitting and therefore attorneys are prohibited from using it.

Dr. Leonetti stated that he believes this will continue to be an issue. There was brief further discussion regarding whether or not a rule change or legislation would be appropriate to address this issue. There was agreement among all of the board members that the type of social media advertising discussed in these four cases does constitute fee splitting under the board's laws. Mr. Rhodes suggested that a letter of concern may be appropriate in these cases. Dr. Leonetti stated that he does not feel a letter of concern is warranted but he feels a substantive policy statement would be appropriate. There was discussion among the board members the physicians present and the attorneys present regarding how these physicians as well as others should handle any current contracts that they have with these Internet-based companies. The board members advised that the physicians should seek legal counsel to determine how they should proceed with any contracts that are currently in place. They suggested that any voucher that has already been purchased by a patient should be honored but the physicians must seek their own legal counsel to determine what to do with any current contracts. The physicians also are now aware of the board's opinion regarding this type of advertising and fee splitting and should make any decisions on future advertising contracts based on that knowledge. The board members directed Ms. Penttinen to draft a substantive policy statement regarding this matter to reflect that fee splitting does

include the procurement of medical services were payment is split with any third party on an individual per purchase or per patient basis.

**MOTION:** Dr. Leonetti moved to dismiss each of the four cases listed above and take no action at this time. Ms. Miles seconded the motion.

**DISCUSSION:** There was no discussion on the motion.

**VOTE:** The motion passed unanimously by voice vote.

The Board recessed from 10:40-10:45 a.m.

**V. Review, Discussion and Possible Action – Probation / Disciplinary Matters**

**a. 09-17-B – J. David Brown, DPM: Monthly update.**

Dr. Leonetti reviewed the report provided by Ms. Penttinen based on information submitted by Dr. Brown's pain management physician and Dr. Sucher regarding a Pharmacy Board profile. The pain doctor sent copies of his office visit notes which are very detailed and indicate that Dr. Brown is seen once per month. Every month the doctor requires a urine drug test and queries the Pharmacy Board database to ensure the prescriptions are not being obtained from any other providers. Dr. Brown also is required to sign a pain management contract twice a year. The office visit notes also include care plans regarding addressing Dr. Brown's chronic pain via conservative treatment as well as medication. The information provided by this doctor indicates that Dr. Brown is in compliance with all treatment plans and recommendations including medications.

**b. 11-21-M – Robert Fridrich, DPM: Monthly update and request to terminate probation.**

The Board has received a monthly update indicating he had no charts to submit for the month of July 2013. He also has requested termination of his probation. Dr. Leonetti stated he still had some questions about some of the billing but overall he feels Dr. Fridrich has done well.

**MOTION:** Dr. Kaplan moved to terminate Dr. Fridrich's probation. Dr. Leonetti seconded the motion.

**DISCUSSION:** There was no discussion on the motion.

**VOTE:** The motion passed unanimously by voice vote.

**c. 13-05-B – Kathleen Stone, DPM: Monthly update.**

The last quarterly update was received in July. The next report is due in September.

**VI. Review, Discussion and Possible Action on Administrative Matters**

**a. Discussion regarding LivingSocial advertisement for Dr. Stephen Geller.**

There was brief discussion among the Board members regarding this advertisement in light of earlier discussion on the complaint review cases. There also was discussion about the content of the advertisement which was related to orthotics. There was agreement that a complaint investigation should not be opened at this time, but Dr. Geller should be advised of the Board's upcoming policy statement.

**b. Review of new license application for Dr. Mikkel Jarman.**

**MOTION:** Ms. Miles moved to approve Dr. Jarman to sit for the oral licensing exam and approve his application pending successful completion of that exam. Dr. Leonetti seconded the motion.

**DISCUSSION:** There was no discussion on the motion.

**VOTE:** The motion passed unanimously by voice vote.

**c. Review of license renewal and/or dispensing registration renewal for the following podiatrists:**

William Accomando  
Brian Allen

Gary ALmas  
Barbara Aung

David Bates

M. Benjamin-  
Swonger  
Rodney Burkey  
David Berman  
Scott Bleazy  
Kenneth Blocher  
Raymond Bock, Jr.  
Raymond Botte  
Joel Bowen  
Mark Brekke  
Michael Brewer  
Catherine Brigandi  
J. David Brown  
Alex Bui  
Steven Burns  
Thomas Chambers  
Sheharyar Chaudry  
Sanford Chesler  
Dean Clement  
Douglas Cohen  
Jerome Cohn  
Karl Collins  
David Corcoran  
Laureen Cota  
Evan Cwass  
John DiMaggio  
Carlos Dimidjian  
Samuel Dolnick  
Joseph Domanico  
Peyman Elison  
Viedra Elison

John Erotas  
Barton Fink  
Daniel Fulmer  
Karrett Hamilton  
Carrie Hess  
Adam Isaac  
David Jenkins  
Travis Jensen  
Nathan Jeppesen  
Gail Johnson  
Robert Kenrich  
Jonathan King  
Jeffrey Kleis  
Edalyn Ko  
Adam Kruczay  
Kirk Larkin  
Paul Ledesma  
Joseph Leonetti  
Howard Lepolstat  
Cindy Mann  
Steven Mann  
Mary Maselli  
Jeffrey McAlister  
Paul McMaster  
Lois Miller  
Kara Montes  
Richard Mott  
Stefan Mudryj  
Robin Myers  
Brian Neerings  
Ron Olsen

Jeffrey Page  
Lisa Pallini  
Roland Palmquist  
Jennifer Pappalardo  
Carmen Partridge  
Kent Peterson  
Jessica Prebish  
Deo Rampertab  
Joyce Ratner  
Michael Rosenblum  
Bryan Roth  
Daniel Saunders  
Ryan Scott  
Arthur Seidner  
Michael Sekosky  
Karen Smith  
Isidore Steiner  
James Stocker  
Andrew Straley  
Robert Taylor  
Chad Thompson  
Tanya Thoms  
Tharesh Udupa  
Kyle Vaughn  
Judiann Walker  
Lance Wissman  
Margaret Withrow  
Arnold Wolf  
Ryan Wood

Dr. Leonetti recused himself from the review of his renewal application.

MOTION; Dr. Kaplan moved to approve the license renewal application for Dr. Joseph Leonetti.  
Ms. Miles seconded the motion.

DISCUSSION: There was no discussion on the motion.

VOTE: The motion passed unanimously by voice vote with Dr. Leonetti recused.

Dr. Jerome Cohn requested a CME waiver due to physical disability.

MOTION: Ms. Miles voted to approve the CME waiver request and approve Dr. Cohn's license renewal. Dr. Kaplan seconded the motion.

DISCUSSION; There was no discussion on the motion.

VOTE: The motion passed unanimously by voice vote.

MOTION: Ms. Miles moved to find there are substantive deficiencies for Drs. Jenkins, Hess, Pappalardo and Thoms which require additional information. Dr. Kaplan seconded the motion.

DISCUSSION: There was no discussion on the motion.

VOTE: The motion passed unanimously by voice vote.

MOTION; Dr. Leonetti moved to approve all other renewal applications not specifically discussed above. Ms. Miles seconded the motion.

DISCUSSION; There was no discussion on the motion.

VOTE: The motion passed unanimously by voice vote.

**VII. Executive Director's Report – Review, Discussion and Possible Action**

**a. Update on 5-Year Rules Review.**

Last month Ms. Penttinen provided the Board members with copies of recommendations made by Kathleen Phillips who is conducting the Rules review and asked for their feedback. One of the main concerns raised by Ms. Phillips was making sure that the information being asked on the new license application form conforms to our statutes and Rules. One was regarding asking for gender as that is not in our laws. The Board agreed that question can be removed from the application. The question regarding citizenship status is not specifically in the Board's laws but is required by other laws which pertain to all licensed professionals in the state. The Board members wish to keep that. Question 13 of the application asks about professional associations that the applicant belongs to, such as APMA or other organizations. Ms. Penttinen clarified for Ms. Miles that this information is not particularly used by the Board; it has just always been there. The Board members agreed this question could be removed.

The next application question was number 15 which has several parts. 15(c) asks about negative license action in other states or jurisdictions which Ms. Penttinen believes ties back into the Board's statutes. The Board members agreed that this question should remain because it relates to problems or issues which would constitute grounds for denial of the application. 15(g) regards negative actions for privileges at healthcare institutions; 15(h) relates to negative actions from a controlled substance authority; and 15(i) relates to negative action regarding insurance plan participation. The Board members feel these relate to good moral character requirements as well as actions that would constitute grounds for the denial of the application. They would like to keep these questions on the form by way of a Rule amendment. Question 15(k) relates to previous treatment for substance abuse. The Board members agreed that this question could be removed.

Ms. Phillips also had suggested removing section 102 because much of the substance is contained in section 101(23). The Board members agreed to modify section 101(23) to remove the words "preceptorship" but to keep section 102 and ask Ms. Phillips for her reasoning to remove it. Other items previously discussed by the Board remain in the proposed Rule changes.



**b. Open complaint status report.**

Ms. Penttinen advised that she received three new complaints in the last month and there have been seven disposed of including those on today's agenda. The total number of open complaints is now 59.

**c. Malpractice case report. (None at this time.)**

**VIII. Call To The Public**

There were no requests to speak during the Call to the Public.

**IX. Next Board Meeting Date:**

a. September 11, 2013 at 8:30 a.m.

**X. Adjournment**

MOTION: Dr. Leonetti moved to adjourn the meeting. Ms. Miles seconded the motion.

DISCUSSION: There was no discussion on the motion.

VOTE: The motion passed unanimously by voice vote and the meeting was adjourned at 11:53 a.m.